
POLK COUNTY

COMMUNITY DIAGNOSIS VOLUME I: HEALTH STATUS REPORT



**POLK COUNTY HEALTH COUNCIL
AND
TENNESSEE DEPARTMENT OF HEALTH
SOUTHEAST TENNESSEE REGIONAL OFFICE
ASSESSMENT AND PLANNING
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INTRODUCTION

This document is the result of a county-wide health needs assessment, known as the Community Diagnosis Process, conducted by the Polk County Health Council (PCHC) and facilitated by the Tennessee Department of Health Assessment and Planning Program. Begun in 1998, the Community Diagnosis Process has enabled PCHC members to:

- Analyze the health status of the community
- Evaluate health resources, services and systems of care within the community
- Assess attitudes toward community health services and issues
- Identify priorities
- Establish a baseline for measuring improvement over time

Meeting monthly, the PCHC has given careful consideration to county-specific primary data and secondary data. The collection of primary data consisted of a Community Assessment Survey, a Behavioral Risk Factor Survey, and observational information from PCHC members. The Community Assessment Survey (see yellow pages) is an opinion-based, non-scientific survey asking key members of the community how they feel about certain local health services. The Behavioral Risk Factor Survey (see green pages) is a scientific survey that asks respondents about their lifestyles, in an attempt to identify any activities that may be a risk to their health. It is a random sample of 200 Polk County residents and is to be representative of the entire county. PCHC members supplemented the two survey instruments with their own observations of situations, events, interactions, behaviors, prevailing community attitudes, and practices.

To compliment the primary data, the PCHC analyzed a wealth of secondary data (see blue pages). The county-specific data includes birth, morbidity and mortality statistics and basic demographic information. Most of the data was presented showing multiple year rates, dating back to 1985, so that the council was able to look for trends in the data. The PCHC was able to compare county-specific statistics with regional and state rates and “Year 2000 Objectives” to determine whether Polk County is following or deviating from the trend of the surrounding counties or the trend of the state as a whole and whether the county is progressing toward national objectives.

As part of the information collection, the PCHC developed and utilized the Polk County Resource Directory, provided by the United Way, to identify gaps in the community’s network of services. The inventory of resources provides a comprehensive listing of existing programs, community groups, agencies, and other services that are available to the community to help address identified health issues. The directory also includes available resources that are external to the county (i.e. Managed Care Organizations).

After several data dissemination sessions, the PCHC prioritized the health issues highlighted in the assessment. A formula, scoring the size of the problem, seriousness of the problem, and effectiveness of available interventions, was applied to each health issue. Cognizant of the assessment results, each member applied his or her own score to the problem and a sum total of all council members’ scores determined the order of priority. The council then decided how many of the priority health issues they felt they could effectively address in full consideration of the following:

- Does it make economic sense to address the problem?
- Are there economic consequences if an intervention is not carried out?
- Will the community embrace an intervention for the problem? Is it wanted?
- Is funding currently available or potentially available for an intervention?
- Do current laws allow intervention activities to be implemented?

This volume of the Community Diagnosis Health Status Report provides a description of the assessment portion of the Community Diagnosis Process. Volume II will chronicle the planning portion of the Community Diagnosis Process and will include a formal description of the strategic interventions developed by the PCHC with input from other interested community residents to deal with the highest priority health issues. In Volume III, the implementation and effectiveness of the interventions developed by the PCHC will be evaluated.

To this point, the benefits of the Community Diagnosis Process have included:

- Direct participation of county residents in initiating change in the health services and delivery system
- Armed with appropriate data and analysis, the PCHC has been made aware of the county's current health status and, as a result, has become poised to design, implement, and monitor interventions to improve problematic areas
- Provides justification for budget improvement requests
- Provides to state-level programs and their regional office personnel information and coordination of prevention and intervention strategies in Polk County
- Serves health planning and advocacy needs in Polk County; Polk County leaders and the Polk County Health Department will ensure that documented community health issues are addressed

What follows is documentation of the assessment portion of the Polk County Community Diagnosis Process, including a description of all data considered, with emphasis on priority health issues identified by the council.

I. HISTORY

The Polk County Health Council was established in 1993 to address the health needs of Polk County residents and oversee the health status of Polk County. The council is made up of local health care professionals, elected officials, and other local citizens. Since 1993, the council has orchestrated various activities to address health needs including forums for TennCare issues, free health screenings, and other special projects for the population of Polk County. All of these efforts have been successful. Begun in summer of 1998, the Community Diagnosis Process has offered the council a systematic approach to identifying health issues in a manner that is sensible, effective, and assures long-term improvement.

II. MISSION STATEMENT

The mission of the Polk County Health Council is to assure that quality health care is accessible, available, and affordable to fellow residents.

III. SELECTED DEMOGRAPHIC DATA

Total Number of Households: 9,215

	Polk County	Southeast Region	State
Percent of households that are family households	78.8	77.1	72.7
Percent of households that are headed by a female with non husband present	8.9	10.3	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	3.8	5.3	6.9
Percent of households with the householder 65 and up	25.3	22.7	21.8

EDUCATION

	Polk County	Southeast Region	State
Number of persons age 25 and older	8,980	163,220	3,139,066
Percent of persons 25 and up that are high school graduates or higher	51.3	58.0	67.1
Percent of persons 25 and up with a bachelor's degree or higher	5.8	9.7	16.0

EMPLOYMENT

	Polk County	Southeast Region	State
Number of persons 16 and older	10,833	198,393	3,799,725
Percent in work force	58.5	61.5	64.0
Number of persons 16 and older in civilian work force	6,317	121,844	2,405,077
Percent unemployed	6.7	6.9	6.4
Number of females 16 years and older with own children under 6	619	14,022	287,675
Percent in labor force	53.3	59.6	62.9

POVERTY STATUS

	Polk County	Southeast Region	State
Per capita income in 1989	\$9,311	\$10,235	\$12,255
Percent of persons below the 1989 poverty level	18.3	17.1	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	25.1	21.7	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level	25.4	23.5	20.9

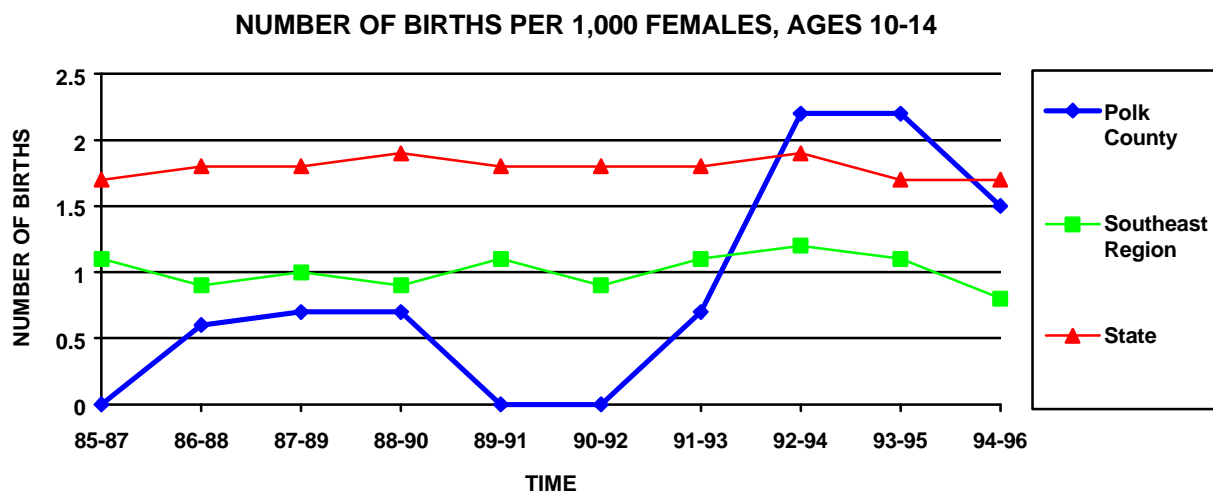
Sources: U.S. Department of Commerce, Bureau of the Census, 1990 Census of Population General Population Characteristics, Tennessee, and 1990 Census of Population and Housing, Summary Social Economic, and Housing Characteristics Tennessee.

IV. SECONDARY DATA

Secondary data (information already collected by other sources for other purposes) is assembled each year by the State Office of Health Statistics and Information for Polk County. This data includes county-specific birth statistics, morbidity or disease statistics and mortality or death statistics. The data covers a twelve-year trend and is provided in three-year averages to smooth the trend lines and eliminate wide fluctuations in year-to-year rates that may distort the true trends. Polk County's data is compared to the corresponding State and Southeast Region (Bledsoe, Bradley, Franklin, Grundy, McMinn, Marion, Meigs, Polk, Rhea, and Sequatchie Counties) rates, national "Year 2000" objectives, and includes rates for white, non-white, and all races combined. The secondary data used in the Community Diagnosis Process is described below, with *graphs and tables used to highlight issues recognized as potential problems* by the Polk County Health Council.

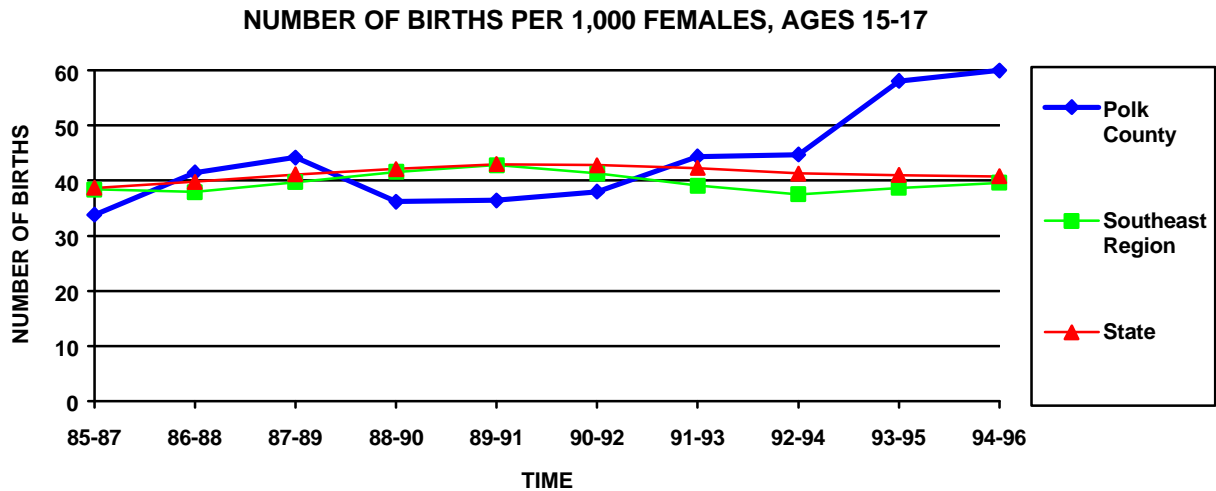
Polk County Pregnancy And Birth Experience

- **Number of Births per 1,000 Females (Ages 10-44)** - The Polk County birth rate increased between 1985 and 1996. The county's rate is equal to the rate for the Southeast Region and the State. Annually, women of childbearing age in Polk County give birth to approximately 169 children.
- **Number of Pregnancies per 1,000 Females (Ages 10-44)** - The county's pregnancy rate remained stable between 1985 and 1996. Polk County's rate is equal to the Southeast Region's rate and is lower than the State rate. Approximately, 189 women of childbearing age in the county become pregnant each year.
- **Percentage of Births to Unwed Mothers (Ages 10-44)** - The county's unwed birth rate increased between 1985 and 1996. The county's rate is lower than the rate for the Southeast Region and the State. Annually, 18% of all births in the county occur to unwed women.
- **Percent of Pregnancies Occurring to Unwed Women (Ages 10-44)** - The county's unwed pregnancy rate increased somewhat between 1985 and 1996. The county's rate is lower than the rate for the Southeast Region and the State. Approximately, 25% of all pregnancies in the county occur to unwed women
- **Number of Births per 1,000 Females (Ages 10-14)** - Traditionally, the county's rate has been lower than the rate for the Southeast Region and the State. However, between 1985 and 1996 the county's birth rate for females ages 10-14 increased and overtook the rate for the Southeast Region and is now just below the State rate.



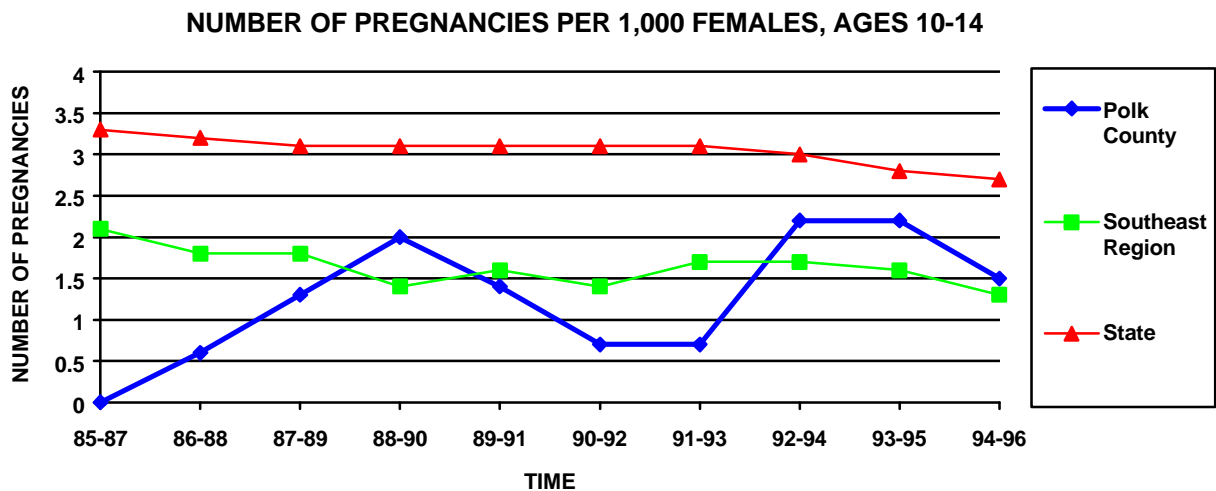
YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
POLK	0	0.6	0.7	0.7	0	0	0.7	2.2	2.2	1.5	-

- **Number of Births per 1,000 Females (Ages 15-17)** - The county's birth rate for females ages 15-17 is increasing. The county's rate is higher than the rate for the Southeast Region and the State. Annually, females ages 15-17 give birth to 14 children.



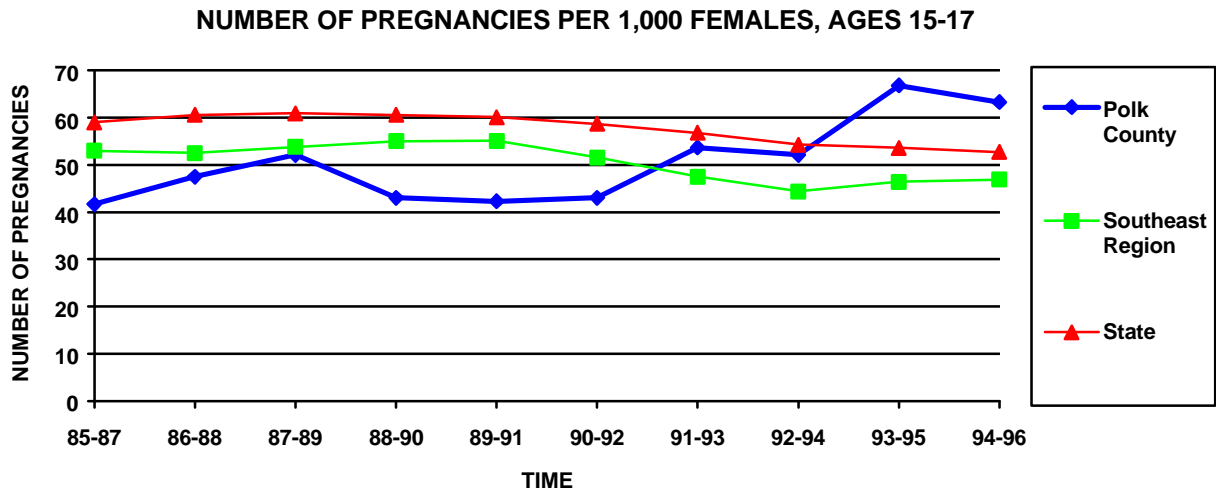
YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
POLK	33.8	41.5	44.2	36.2	36.4	38.0	44.4	44.7	58.1	60.0	+77.4

- **Number of Pregnancies per 1,000 Females (Ages 10-14)** - The county's pregnancy rate for females ages 10-14 is increasing. The county's rate is higher than the Southeast Region's rate, but lower than the State rate.



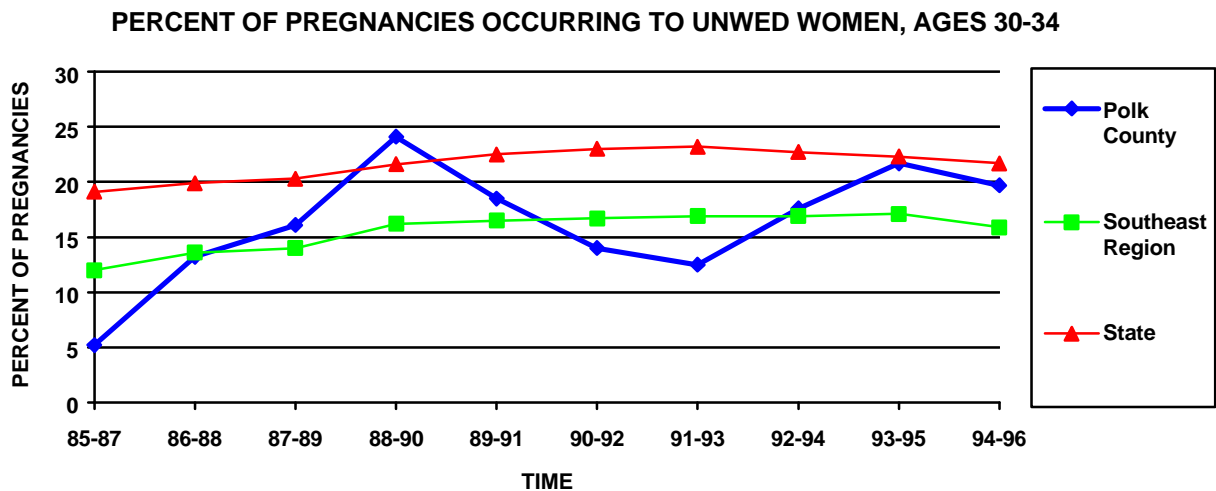
YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
POLK	0	0.6	1.3	2.0	1.4	0.7	0.7	2.2	2.2	1.5	-

- Number of Pregnancies per 1,000 Females (Ages 15-17) - Polk County's pregnancy rate for females ages 15-17 is increasing. The county's rate, while traditionally lower, is higher than the rate for the Southeast Region and the State. Approximately, 17 females ages 15-17 become pregnant each year.



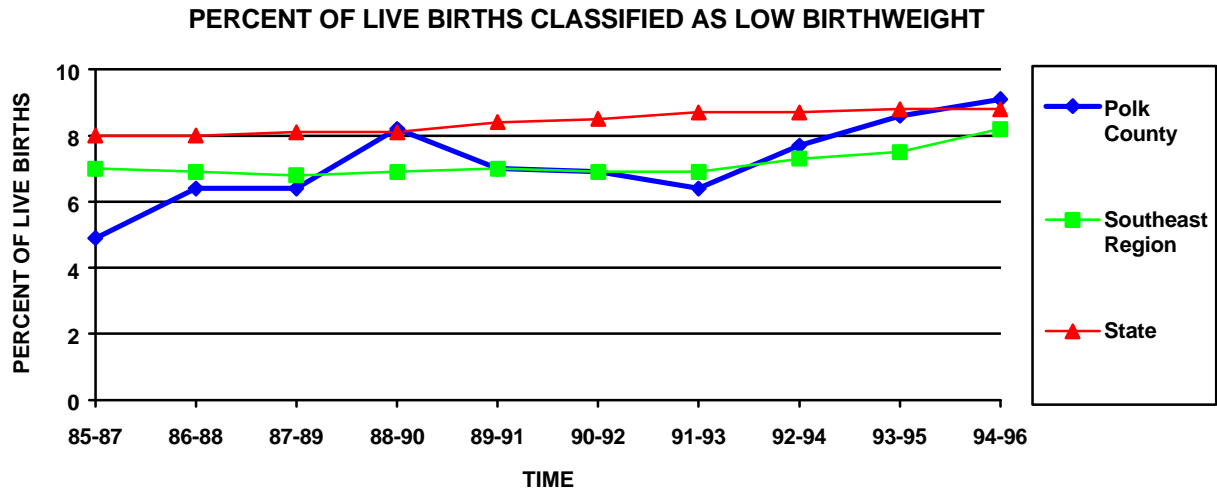
YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
POLK	41.7	47.5	52.1	43	42.3	43	53.7	52.1	66.8	63.3	+51.7

- Percent of Pregnancies Occurring to Unwed Women (Ages 30-34) - The county's unwed pregnancy rate for women ages 30-34 is increasing. The county's rate is higher than the rate for the Southeast Region, but lower than the State rate. Approximately, 16% of all pregnancies in the county occur to unwed women ages 30-34.



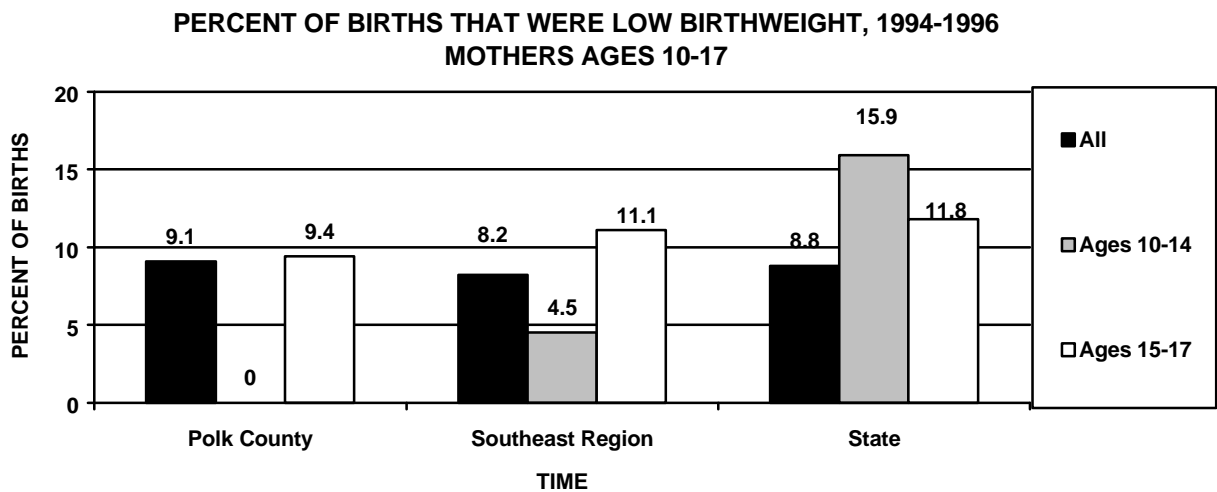
YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
POLK	5.2	13.2	16.1	24.1	18.5	14.0	12.5	17.6	21.7	19.7	+281.6

- Percent of Live Births Classified as Low Birthweight (less than 5 pounds, 9 ounces) (Mothers Ages 10-44) - The county's low birthweight rate is increasing. The county's rate in 1985 was lower than both the Southeast Region and State rate, but by 1996 the county's rate had overtaken the rate for the Southeast Region and the State. The county's low birthweight rate is also higher than the national "Year 2000" objective. On the average 7% of children born in the county weigh less than 5 pounds, 9 ounces.

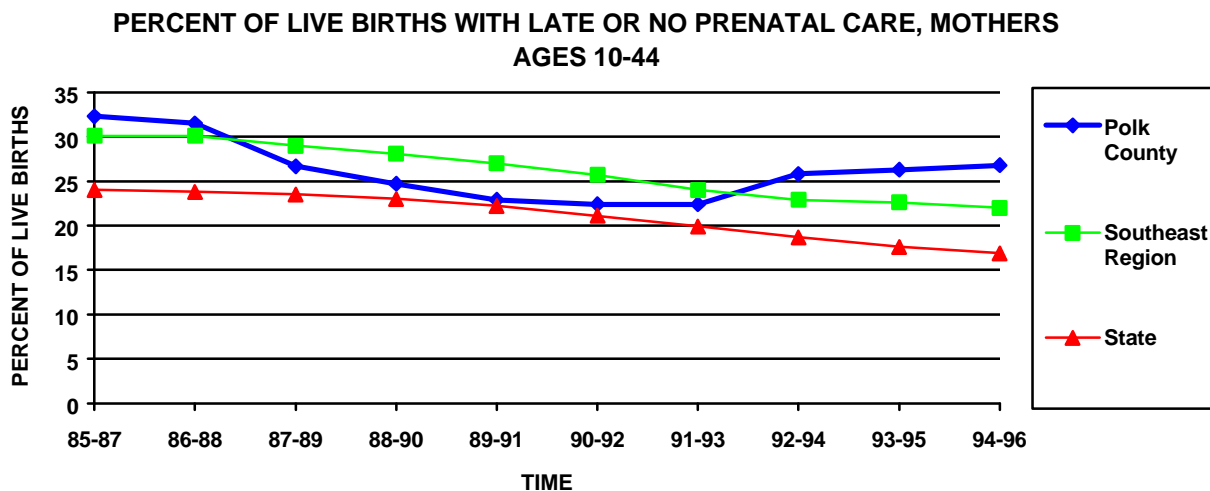


YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
POLK	4.9	6.4	6.4	8.2	7.0	6.9	6.4	7.7	8.6	9.1	+83.7

- Percent of Births Classified as Low Birthweight 1994-1996 (less than 5 pounds, 9 ounces) (Mothers Ages 10-17) - The percent of births classified as low birthweight for females ages 10-17 in Polk County is higher than the percent of births classified as low birthweight in the Southeast Region and the State. The Polk County Health Council recognized the percent of births classified as low birthweight for females ages 15-17 as a potential problem for the county.

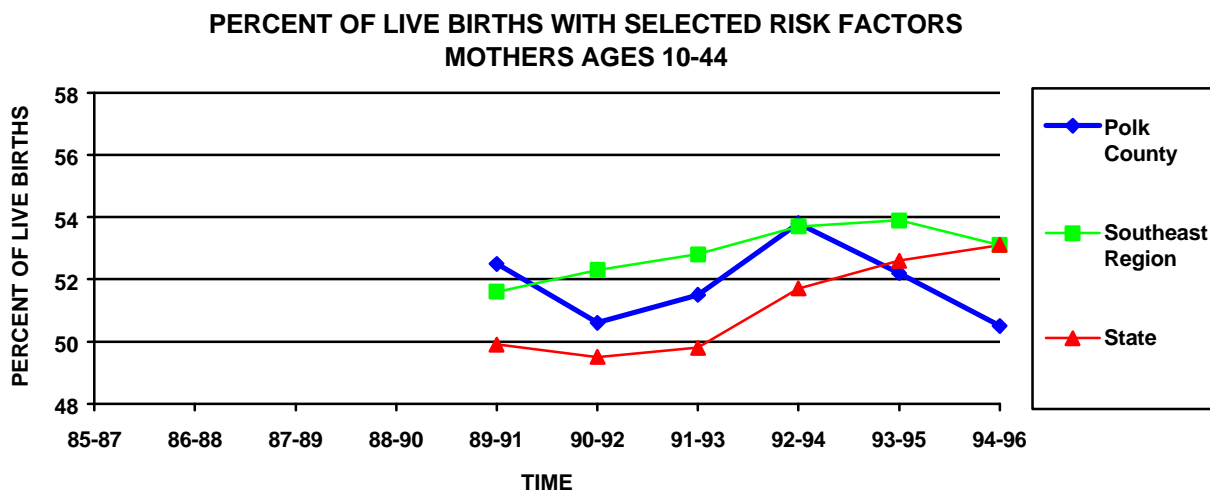


- **Percent of Live Births With Late or No Prenatal Care (Mothers Ages 10-44)** - The percent of live births with late or no prenatal care in the county was lower in 1996 than in 1985 but has increased steadily since 1990. The county's rate is higher than both the Southeast Region and the State. On the average, 24% of all live births occur with late or no prenatal care.



YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
POLK	32.3	31.5	26.7	24.7	22.9	22.4	22.4	25.8	26.3	26.8	-17.0

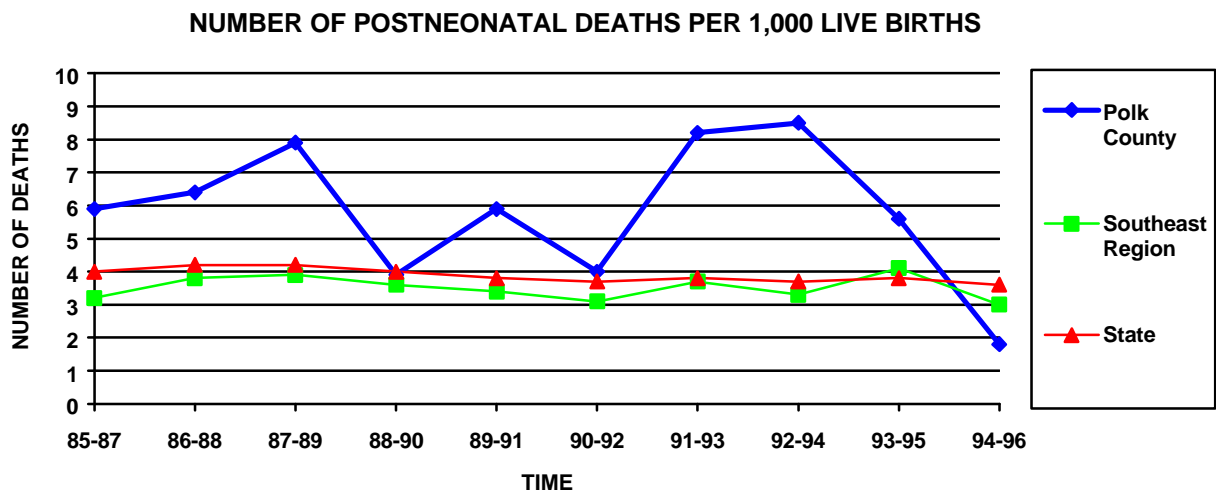
- **Percent of Live Births With Selected Maternal Risk Factors (Mothers Ages 10-44)** - (Risk Factors include: smoking, c-section, weight gain less than 15 pounds, anemia, diabetes, hypertension, labor/delivery complications, alcohol and drug use) The percent of live births with selected risk factors is decreasing in the county. The county's rate is equal to the Southeast Region and the State rates. Approximately, 52% of all births in the county occur with one or more risk factor.



YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
POLK	N/A	N/A	N/A	N/A	52.5	50.6	51.5	53.8	52.2	50.5	-3.8

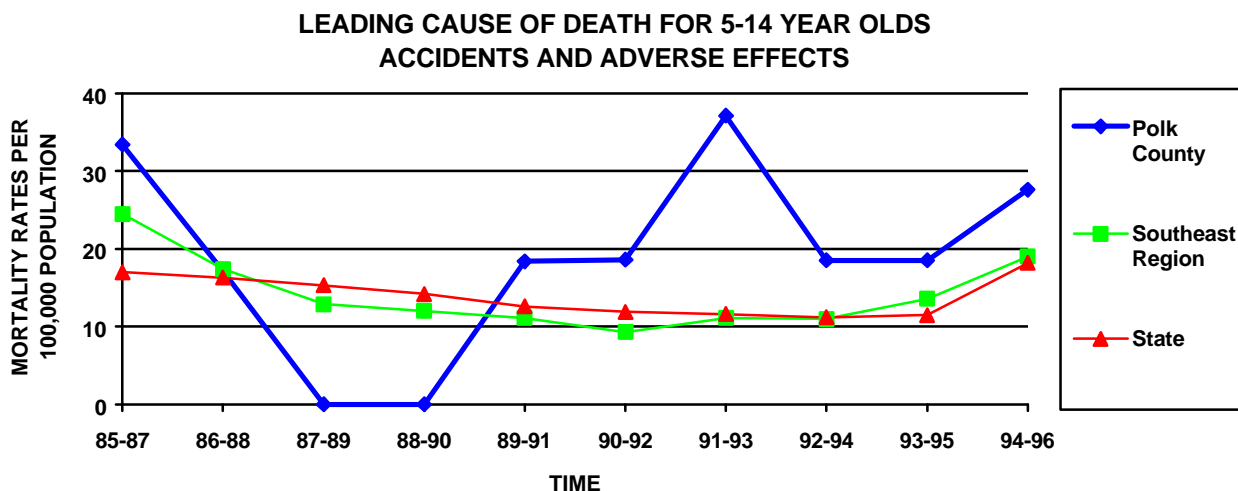
Polk County Mortality Experience

- **Number of Infant Deaths (death of a live born infant less than 1 year of age) Per 1,000 Live Births** - Polk County's infant mortality rate, while unstable, decreased between 1985 and 1996. The county's rate is lower than the rate for the Southeast Region and the State. Moreover, the county's rate is less than the national "Year 2000" objective. On the average, 2 of the 169 infants born in the county each year will not live through their first year (10.1 Infant Deaths per 1,000 Live Births).
- **Number of Neonatal Deaths (death of a live born infant under 28 days of age) per 1,000 Live Births** - The county's neonatal mortality rate, while unstable, decreased between 1985 and 1996. The county's rate is lower than the Southeast Region's rate, the State's rate, and the national "Year 2000" objective. On the average, 1 of the 169 infants born in the county will die before reaching 28 days old (5.2 Neonatal Deaths per 1,000 Live Births).
- **Number of Postneonatal Deaths (death of a live born infant over 28 days of age, but under 1 year of age) Per 1,000 Live Births** - Polk County's postneonatal mortality rate, while unstable, decreased between 1985 and 1996. The county's rate however is traditionally higher than the Southeast Region and the State. The county's rate is lower than the national "Year 2000" objective. On the average, 1 of the 169 infants born in the county each year will die between the ages of 28 days and 1 year (5.8 Postneonatal Deaths per 1,000 Live Births).



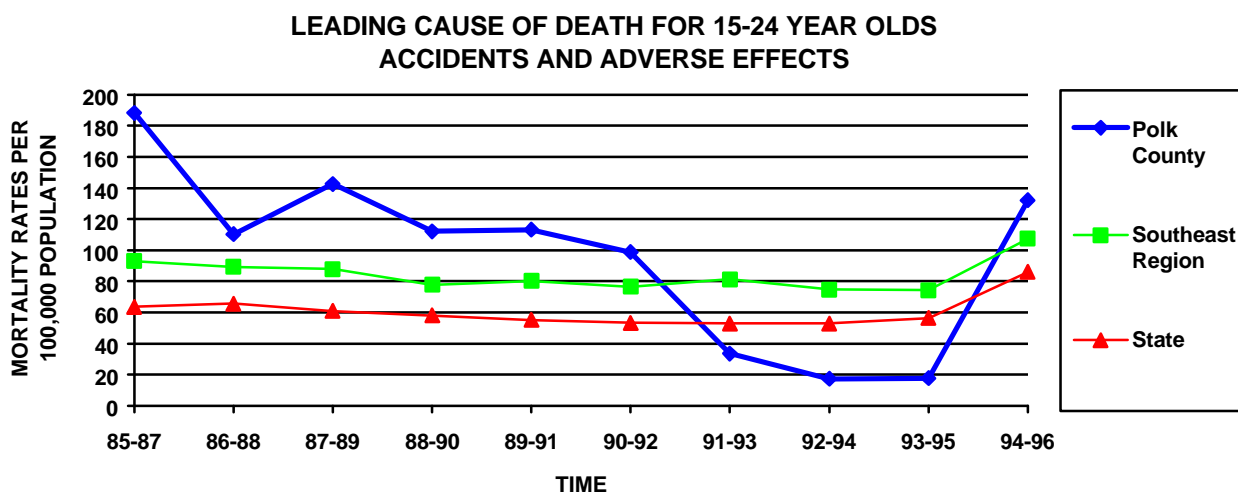
YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
POLK	5.9	6.4	7.9	3.9	5.9	4.0	8.2	8.5	5.6	1.8	-69.5

- Leading Cause of Death for 5-14 Year Olds With Mortality Rates Per 100,000 Population - The leading cause of death for 5-14 year olds in Polk County is accidents and adverse effects. The county's rate decreased between 1985 and 1996, but remained higher than the rate for both the Southeast Region and State.



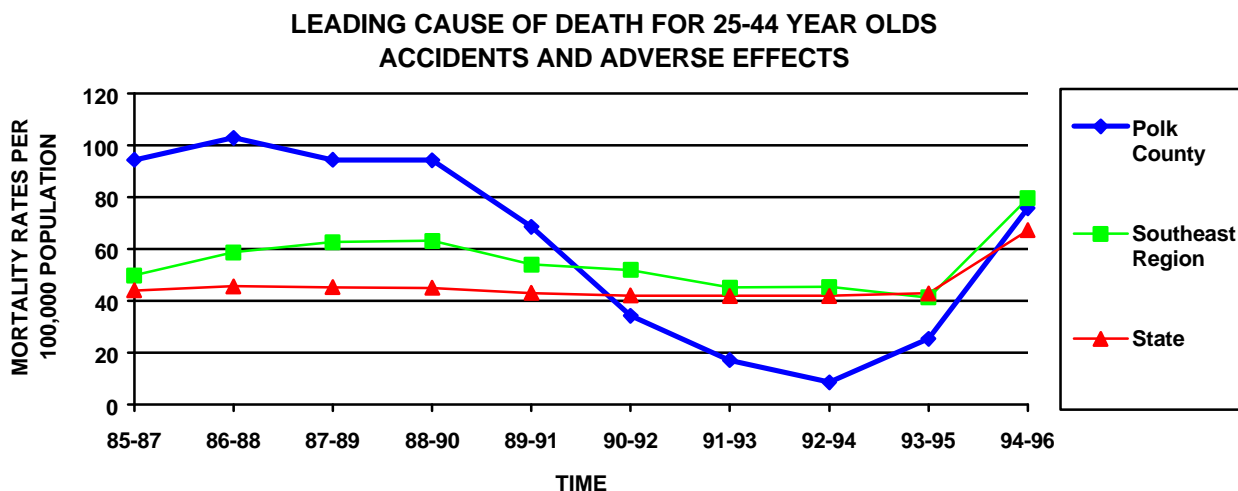
YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
POLK	33.4	17.2	0.0	0.0	18.4	18.6	37.1	18.5	18.5	27.6	-17.4

- Leading Cause of Death for 15-24 Year Olds With Mortality Rates Per 100,000 Population - The leading cause of death for 15-24 year olds in Polk County is accidents and adverse effects. The county's rate decreased between 1985 and 1996, but remained higher than the rate for both the Southeast Region and State.



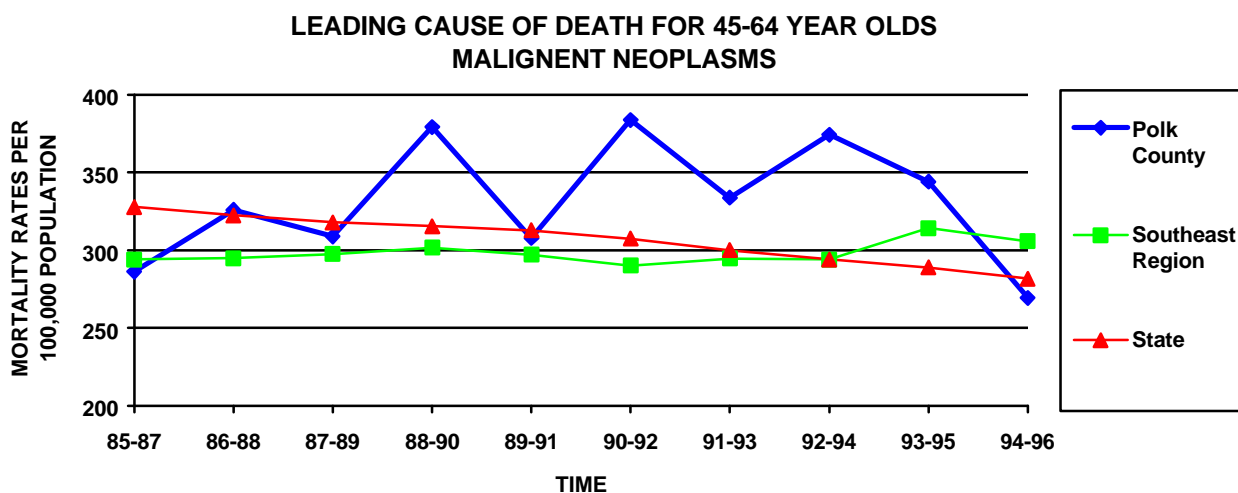
YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
POLK	188.3	110.3	142.6	112.1	113.2	98.7	33.6	17.2	17.6	132.0	-29.9

- Leading Cause of Death for 25-44 Year Olds With Mortality Rates Per 100,000 Population - The leading cause of death for 25-44 year olds in Polk County is accidents and adverse effects. The county's rate decreased between 1985 and 1996. The county's rate is lower than the Southeast Region's rate, but higher than the State rate.



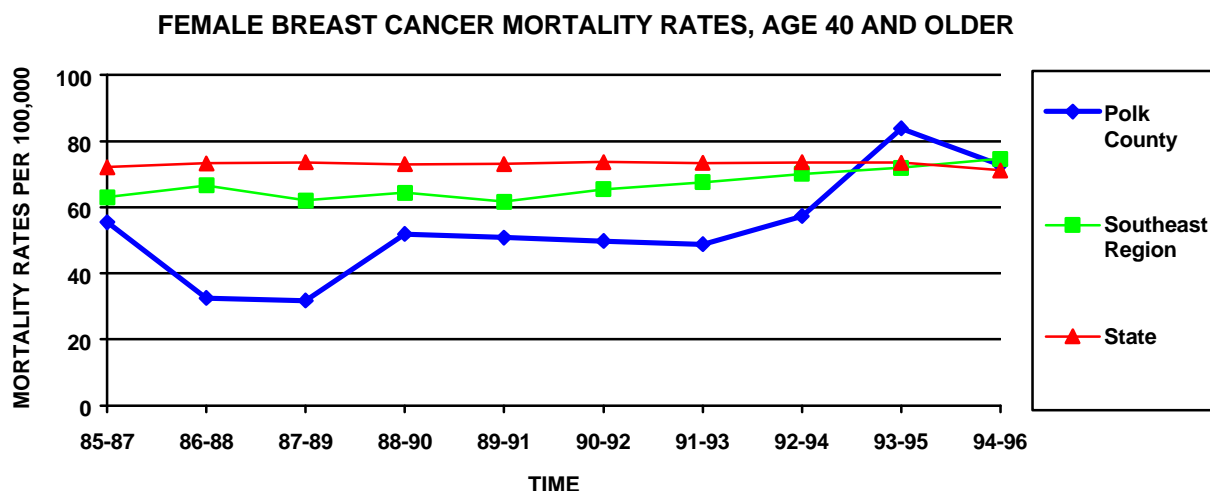
YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
POLK	94.3	102.9	94.3	94.2	68.5	34.2	17.0	8.5	25.3	75.7	-19.7

- Leading Cause of Death for 45-64 Year Olds With Mortality Rates Per 100,000 Population - The leading cause of death for 45-64 year olds in Polk County is malignant neoplasms or cancer. The county's rate decreased between 1985 and 1996. The county's rate is lower than both the Southeast Region and State rates.



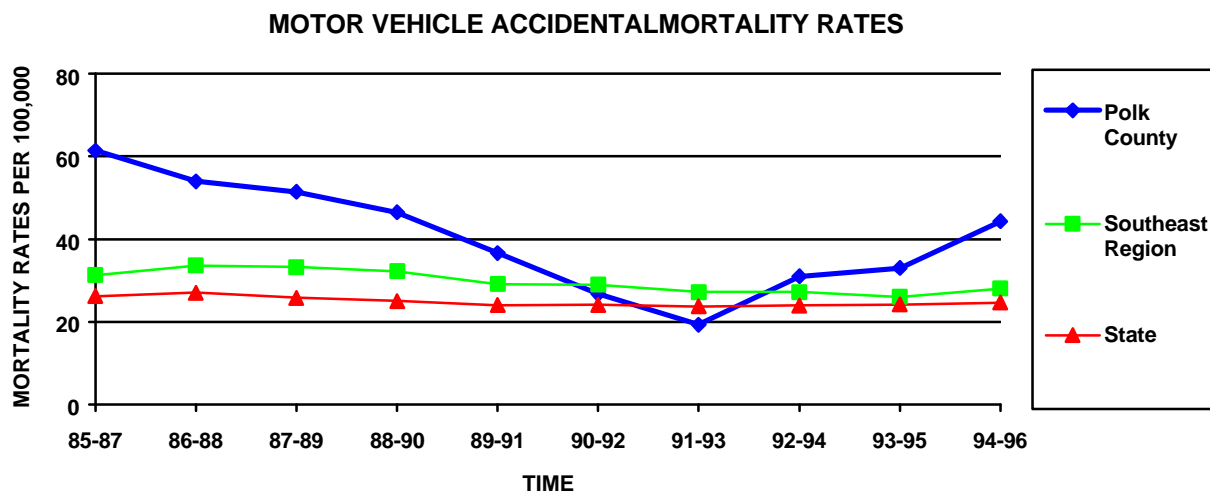
YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
POLK	286.3	326.0	308.8	379.2	307.8	383.8	333.7	374.2	344.1	269.3	-5.9

- **Leading Cause of Death for 65+ Year Olds With Mortality Rates Per 100,000 Population** - The leading cause of death for 65+ year olds in Polk County is diseases of the heart. The county's rate decreased 13.5% between 1985 and 1996. In comparison, the county's rate is equal to both the Southeast Region and State rates.
- **White Male Age Adjusted Mortality Rates per 100,000 Population** - The county's white male age adjusted mortality rate is decreasing. The county's rate was higher than the rate for the Southeast Region and the State.
- **Other Races Male Age Adjusted Mortality Rates per 100,000 Population** - The county's other races male adjusted mortality rate is decreasing. The county's rate is lower than the rate for the Southeast Region and the State.
- **White Female Age Adjusted Mortality Rates per 100,000 Population** - The county's white female age adjusted mortality rate remained stable between 1985 and 1996. The county's rate is higher than the rate for the Southeast Region and the State.
- **Other Races Female Age Adjusted Mortality Rates per 100,000 Population** - The county's other races female age adjusted mortality rate is increasing. The county's rate is higher than both the Southeast Region and State rates.
- **Female Breast Cancer Mortality Rates Per 100,000 Women (Ages 40+)** - The breast cancer mortality rate for women over 40 in Polk County is increasing. In comparison, the county's rate is slightly lower than the Southeast Region's rate, but slightly higher than the State's rate.



YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
POLK	55.5	32.5	31.8	51.9	50.8	49.8	48.8	57.3	83.8	72.7	+31.0

- **Motor Vehicle Accidental Mortality Rates Per 100,000 Population** - The county's motor vehicle accidental mortality rate decreased between 1985 and 1996. The county's rate, however, is higher than the rate for the Southeast Region and the State. Moreover, the county's rate is higher than the national "Year 2000" objective.



YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
POLK	39.6	59.5	54.6	62.2	69.7	84.4	69.3	54.2	34.3	36.4	-8.1

- **Other Accidental Mortality Rates Per 100,000 Population** - The other accidental mortality rate in Polk County decreased between 1985 and 1996. The county's rate is lower than the rate for the Southeast Region and the State.
- **Violent Death Rates Per 100,000 Population** - Polk County's violent death rate remained stable between 1985 and 1996. The county's rate, in comparison, is higher than both the Southeast Region and State rates.

Polk County Morbidity Experience

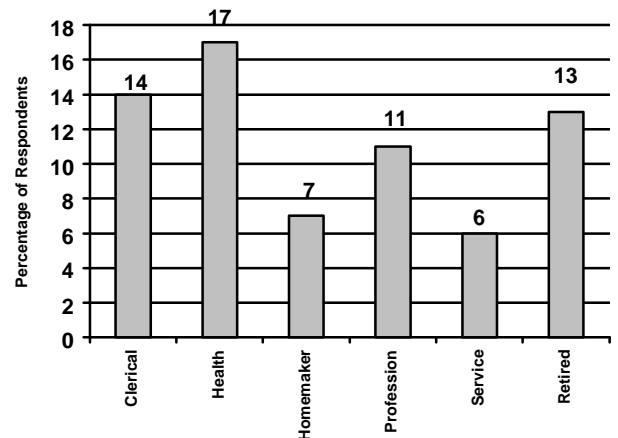
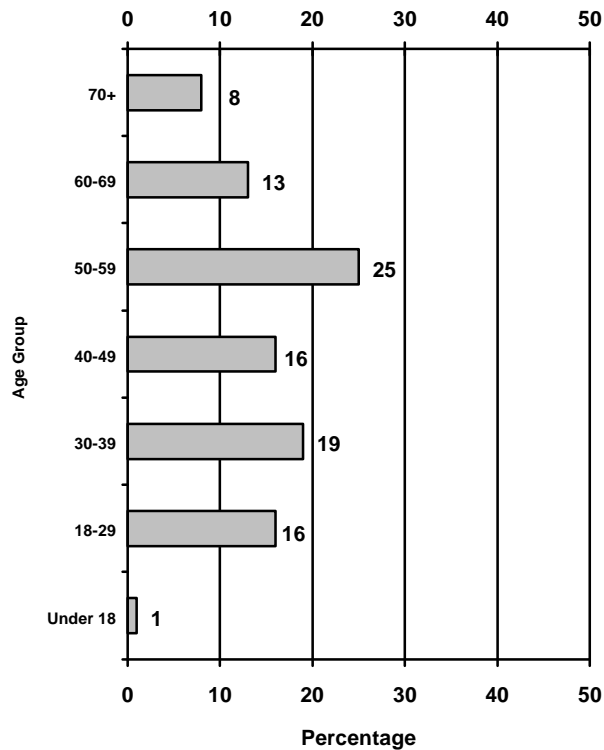
- **Syphilis Rates (Number of Reported Cases Per 100,000 Population)** - Polk County's syphilis rate remained stable between 1985 and 1996. The county's rate is lower than the rate for the Southeast Region and the State. Moreover, the county's rate is lower than the national "Year 2000" objective.
- **Tuberculosis Disease Rate (Number of Reported Cases Per 100,000 Population)** - The county's tuberculosis rate, while unstable, decreased between 1985 and 1996. The county's rate is equal to the Southeast Region's rate, but higher than the State's rate. In comparison, the county's rate is higher than the national "Year 2000" objective.
- **Chlamydia Rates (Number of Reported Cases Per 100,000 Population)** - The county's chlamydia rate is increasing. The county's rate, in comparison, is lower than the Southeast Region's rate and the State's rate.
- **Vaccine Preventable Disease Rate (Number of Reported Cases Per 100,000 Population)** - The county's vaccine preventable disease rate remained stable between 1985 and 1996. The county's rate is lower than both the Southeast Region and the State rates.
- **Gonorrhea Rates (Number of Reported Cases Per 100,000 Population)** - The gonorrhea rate in Polk County remained stable between 1985 and 1996. The county's rate is lower than both the Southeast and State rates. Moreover, the county's rate is lower than the national "Year 2000" objective.

V. COMMUNITY ASSESSMENT SURVEY

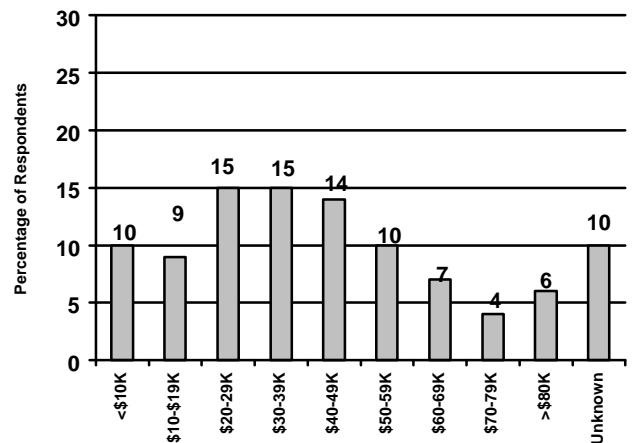
The Polk County Community Assessment Survey provides a profile of perceived health care needs and problems facing the community and stakeholders who respond to the survey. Stakeholders are those individuals in a community who have a special interest in a particular issue or action being taken, i.e., young families, single parents, the elderly, business leaders, consumers, and rural residents. Stakeholders may include both the users and providers of health services. The survey includes questions about the adequacy, accessibility, and level or satisfaction of health care services in the community. Members of the PCHC were asked to complete the Community Assessment Survey as well as identify and obtain comments from various stakeholders and other community members. The Community Assessment Survey is not a scientific, random sample of the community; rather, its purpose is to obtain subjective data from a cross-section of the community about health care services, problems, and needs in the county. There were 134 respondents to the Polk County Community Assessment Survey. *Several of the issues recognized as potential problems arose directly from the Community Assessment Survey, those issues are in bold and are denoted by an asterix.*

Community Assessment Survey Demographics

- 102 females (76%) and 31 males (23%) responded to the Community Assessment Survey, of those, 72% were married, 11% divorced, 9% widowed and 7% never married.
- A majority (74%) of respondents have been long-time (10+ years) residents.
- The largest age group sampled was the 50 to 59 year old age group.
- The largest portion of respondents worked in the health care field. Most others held clerical jobs, professional jobs, or service jobs. Others were homemakers or retired.



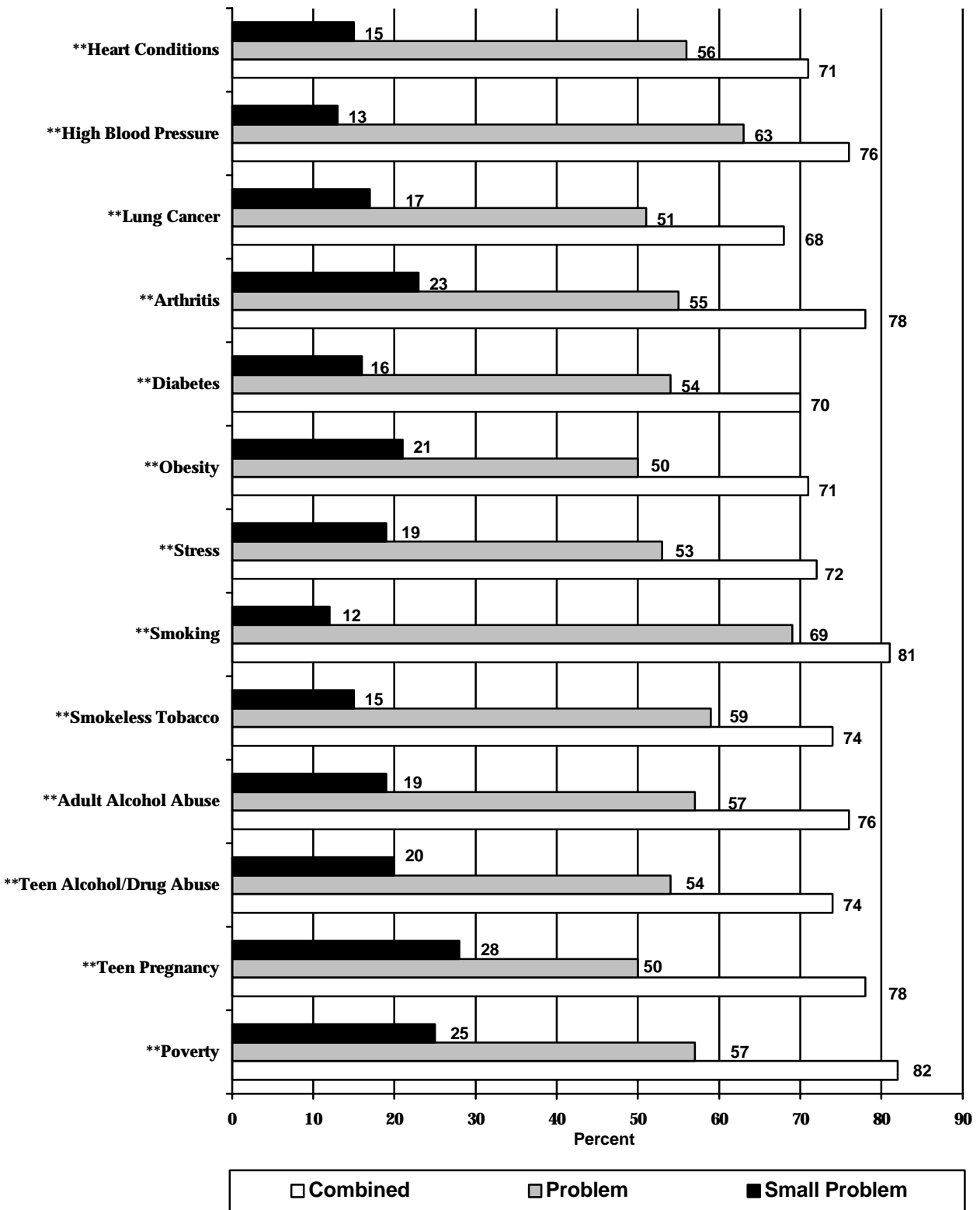
- The question, "WHAT IS YOUR APPROXIMATE HOUSEHOLD INCOME?," yielded the following results:



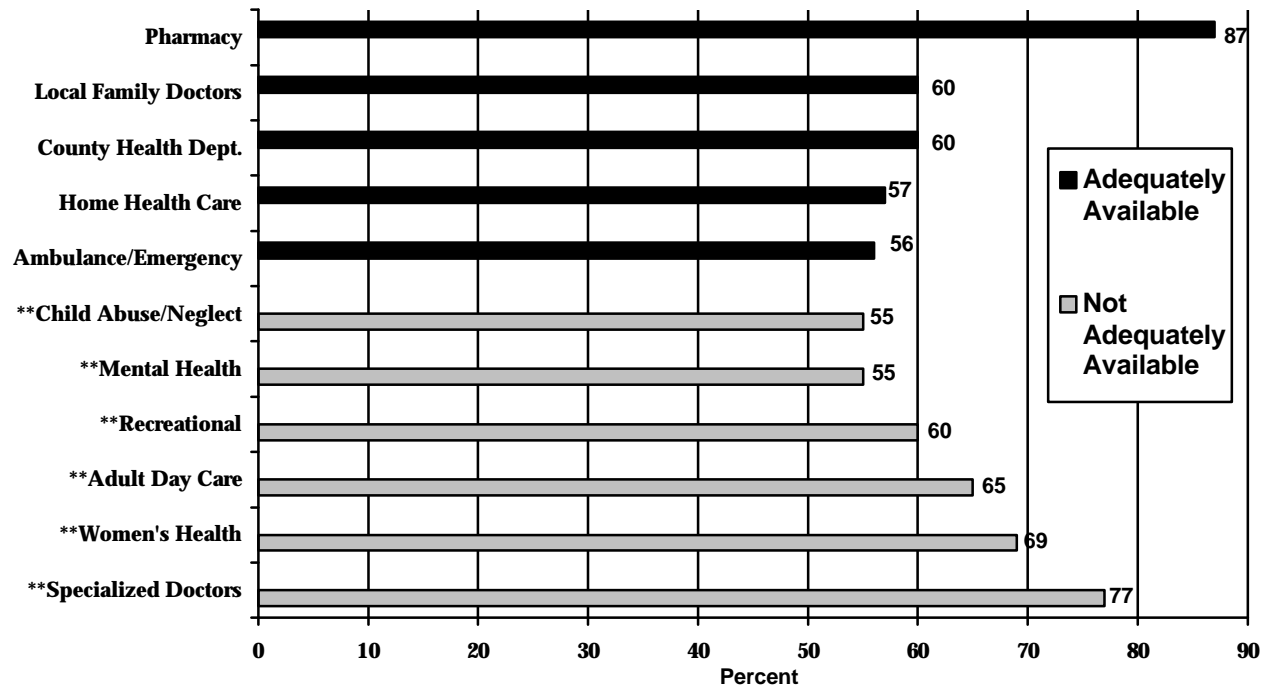
- Of all respondents, 100% were White.

Community Assessment Opinions

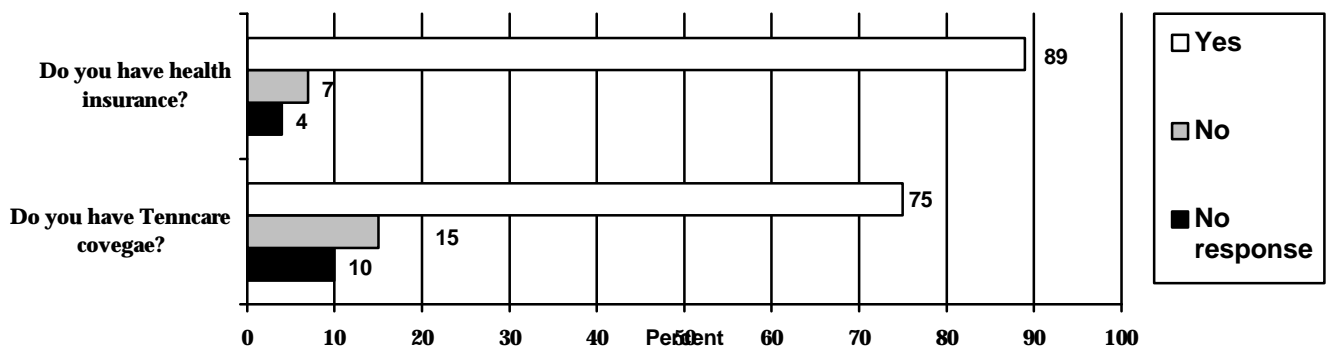
- ****When given a list of health and social concerns, respondents were asked if they considered the issue a problem. Below are the issues recognized as potential problems by the PCHC.**



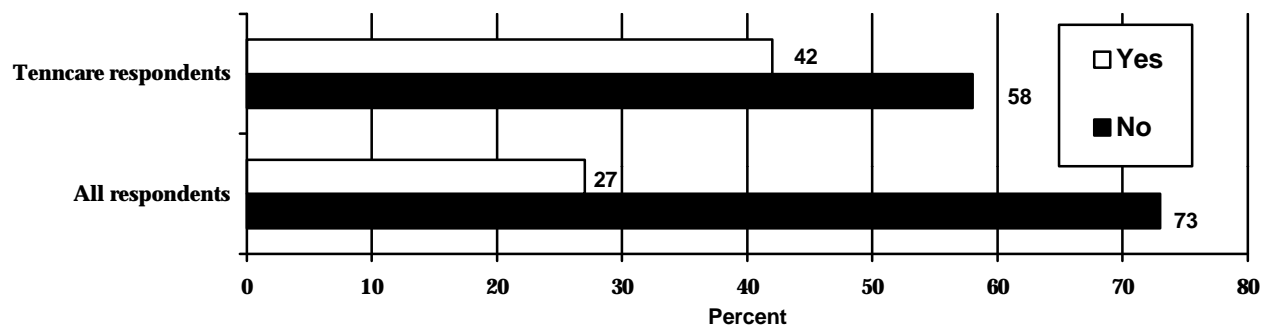
- ****When asked about the availability of different services in their community, respondents rated the following services as their top five adequately available services and top five not adequately available services:**



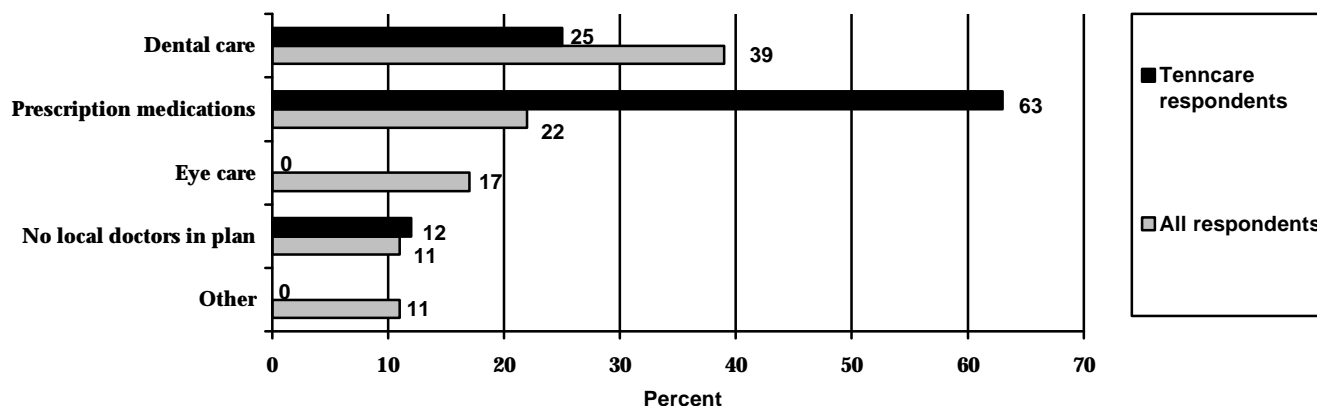
- ****When asked about health care coverage the following results were obtained:**



- ****When asked "Are there health services you need that your insurance does not cover?" The following responses were obtained:**



- ****When the respondents who answered “Yes” that they need health services not covered by their insurance were asked “What health services do you need that your insurance does not cover? The following responses were obtained:**



- When asked, “DO YOU HAVE A PERSONAL HEALTH CARE PROVIDER?,” a majority of respondents (87%) answered “yes.”
- When asked, “DOES HE/SHE PRACTICE IN THIS COUNTY?,” less than a majority of respondents (45%) answered “yes.”
- When asked “IF YOUR PERSONAL HEALTH CARE PROVIDER DOES NOT PRACTICE IN THIS COUNTY, IN WHICH COUNTY DOES YOUR HEALTH CARE PROVIDER PRACTICE?” the following results were obtained:

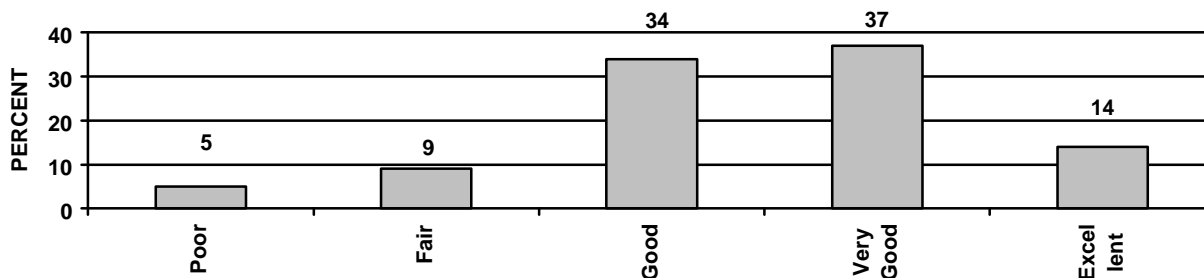
Bradley 42%
 Out of State 29%
 Hamilton 21%
 Other 8%

- When asked, “IF YOU HAVE BEEN TOLD YOU HAVE ONE OF THESE HEALTH PROBLEMS, HAVE YOU BEEN TREATED FOR THESE CONDITIONS?” 65% of respondents answered “Yes”, 9% of respondents answered “No”, and 25% of respondents did not answer.
- When asked, “WHICH HOSPITAL DO YOU USE?,” the following results were obtained.

HOSPITAL	Freq.	Percent	Cum.
Bradley Memorial.	37	27%	27%
Copper Basin	35	26%	53%
Out of State	21	16%	69%
Erlanger	6	4%	73%
Memorial	6	4%	77%
Parkridge	4	3%	80%
Cleveland Community	3	2%	82%
Other	6	4%	86%
No Response	19	14%	100%
TOTAL	178	100.0%	100.0%

- When asked, “HAVE YOU BEEN TOLD BY A DOCTOR THAT YOU HAVE HEALTH PROBLEMS RELATED TO HEART DISEASE, DIABETES, HIGH BLOOD PRESSURE, CANCER, OR SOME OTHER PROBLEM,” 56% of survey respondents answered “Yes” and 44% of respondents answered “No”.

- When presented the following statement, “IN GENERAL, WOULD YOU SAY YOUR HEALTH IS:,” the survey yielded the following results:



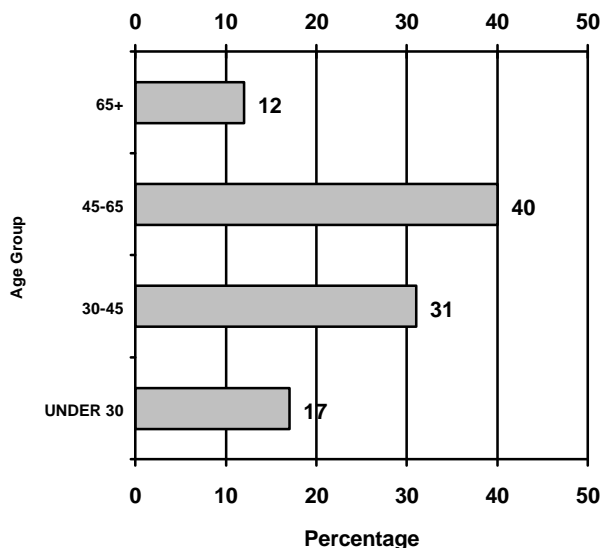
VI. BEHAVIORAL RISK FACTOR SURVEY

The Polk County Behavioral Risk Factor Survey is a randomly selected, representative sample of the residents of the county. The survey that was used is a telephone interview format, modeled after the Behavioral Risk Factor Survey conducted by the Centers for Disease Control. The survey collects information from adults on health behaviors and preventive practices related to several leading causes of death such as chronic diseases, injury, and HIV infection. The overall statistical reliability of the survey is a confidence level of 90, plus or minus 6%.

Adults were randomly selected using random digit-dialed telephone surveys and were questioned about their personal health practices. In addition, they were asked to rate various community health issues. A Likert scale was utilized, asking respondents to identify issues as a definite problem, somewhat of a problem, not a problem, or not sure. A sample size of 200 was collected from Polk County. *Issues recognized as potential problems are in bold and are denoted by asterisk.*

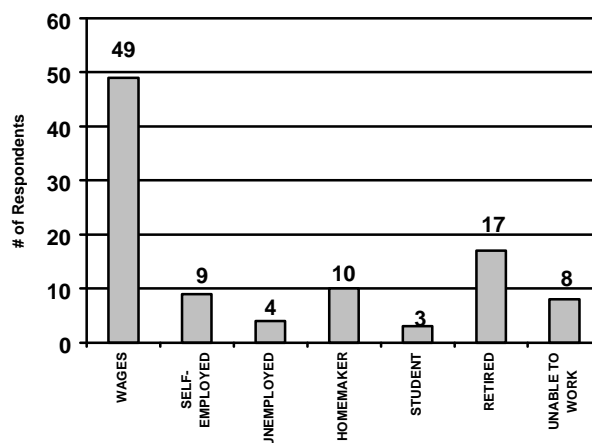
Behavioral Risk Factor Demographics

- Of the 200 respondents, 97 were male, 102 were female, of those 70% were married, 7% divorced, 8% widowed, 14% single, and 1% were unmarried couples.
- 196 respondents were white, 2 were African American, 1 was American Indian, and 1 other. Two of the respondents claimed a Hispanic origin.
- The largest portion of respondents fell within the 45-65 year old age group.

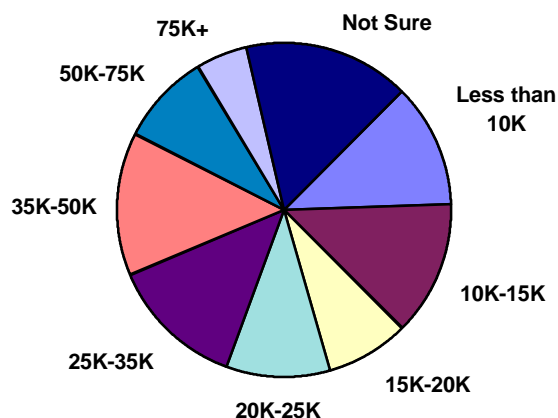


- Approximately 24% of the respondents had less than a high school education, 41% had earned their high school degree, 23% had some college and 12% were college graduates.

- A majority of the respondents (49%) earned their living through wages, while 17% were retired.

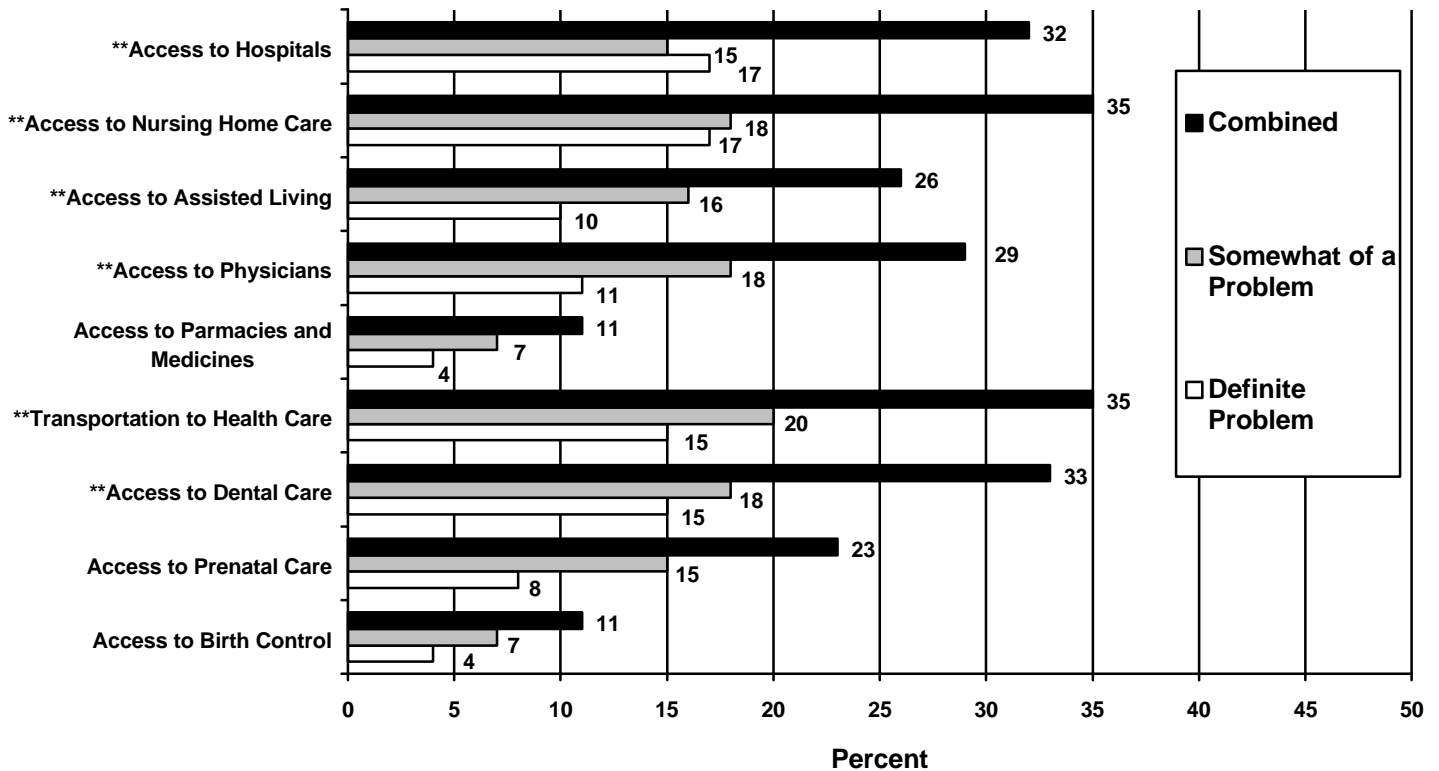


- The household income levels of the respondents were well dispersed with the largest group earning between \$35,000-\$50,000.

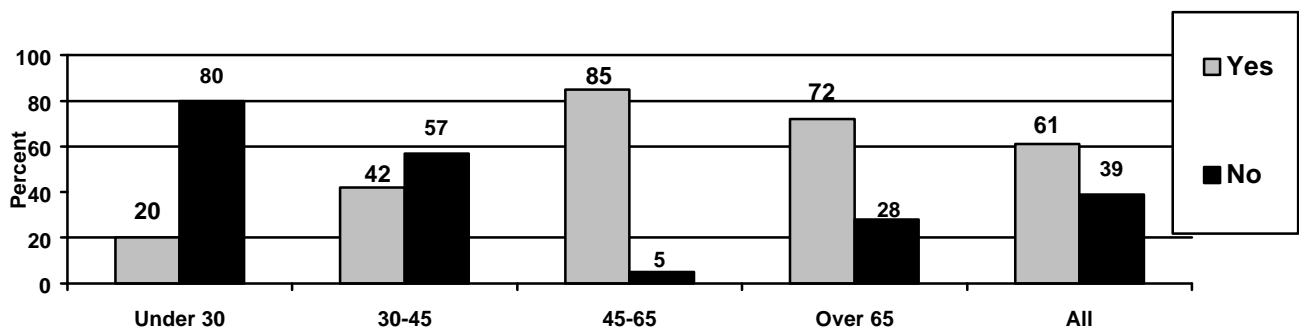


Behavioral Risk Factor Results

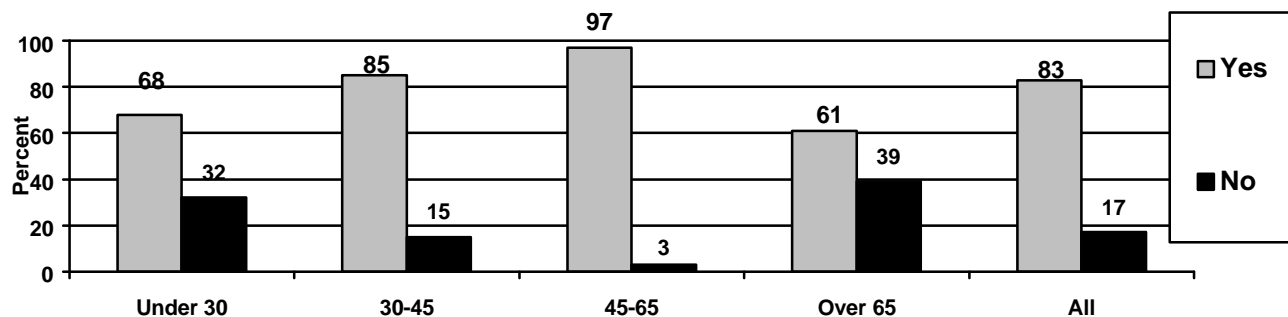
- When asked whether they felt the following were community problems, responses were as follows:



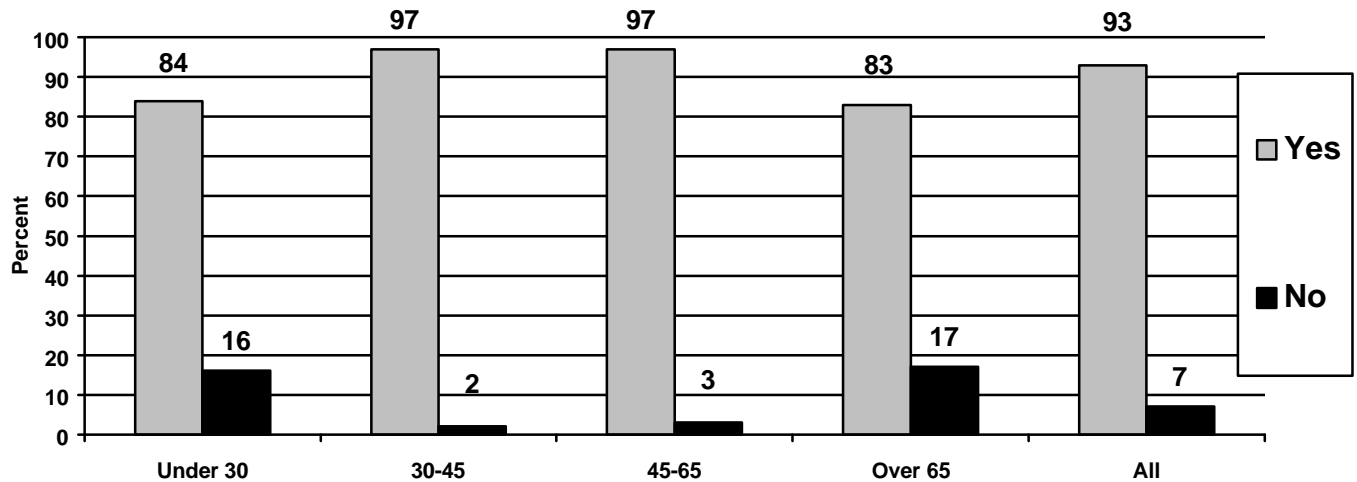
- When asked "HAVE YOU EVER HAD A MAMMOGRAM?," the following responses were obtained:



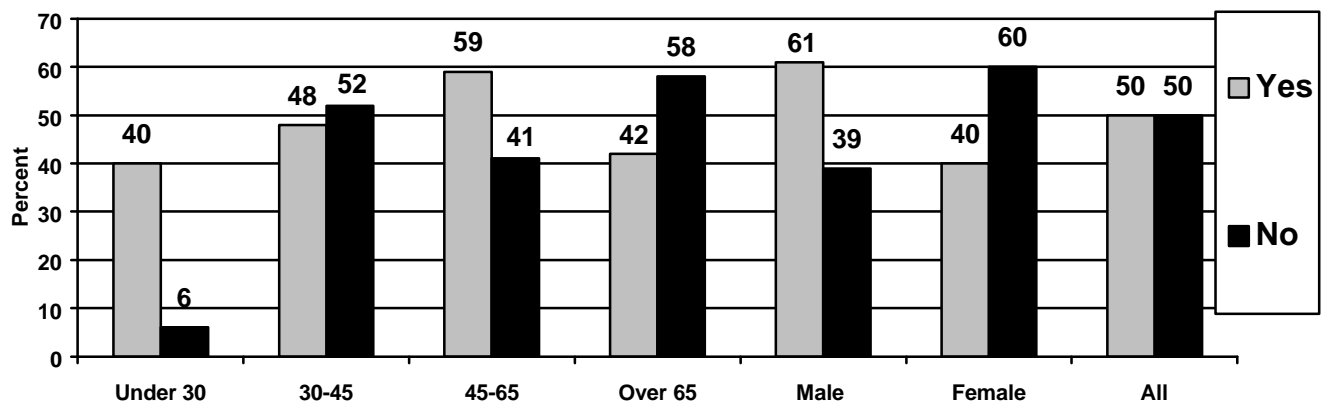
- When asked "DO YOU PRACTICE BREAST SELF-EXAMINATION?," the following responses were obtained:



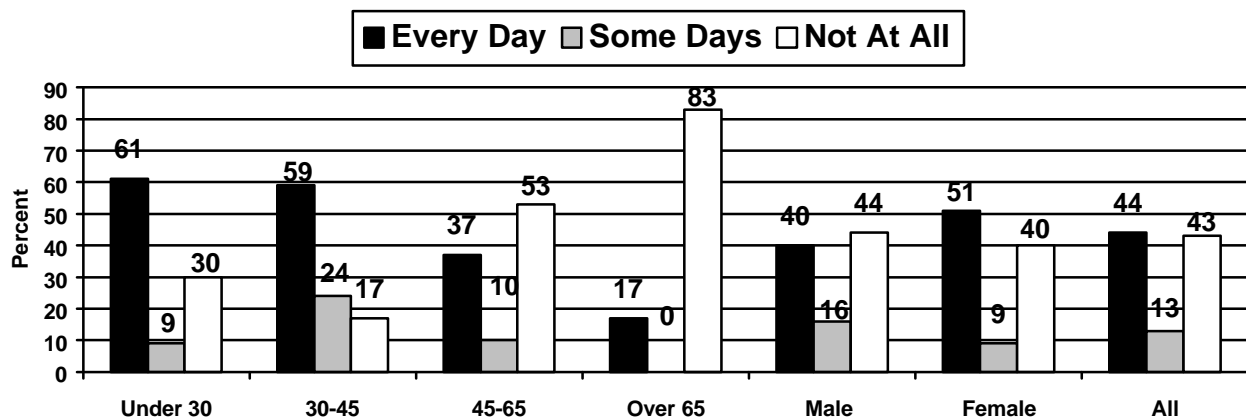
- When asked “HAVE YOU EVERY HAD A PAP SMEAR?,” Polk County residents responded:



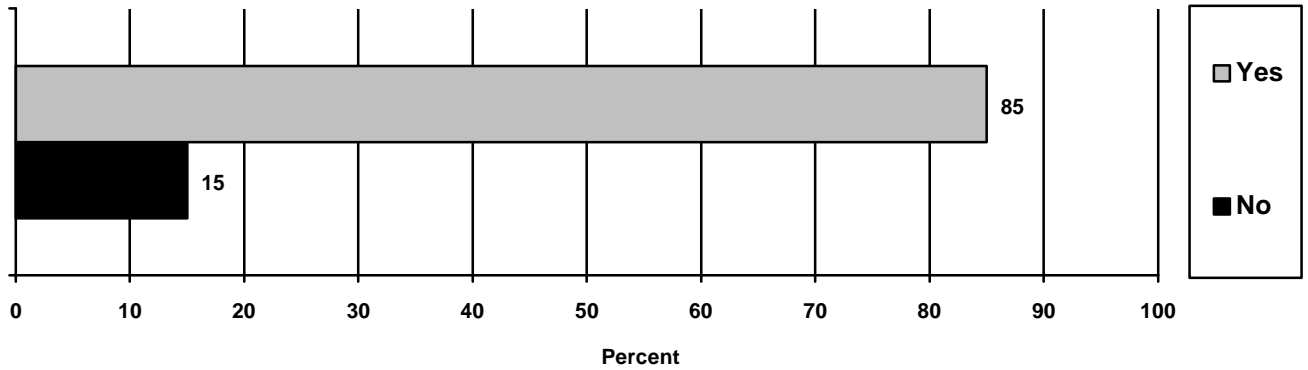
- **When asked, “HAVE YOU SMOKED AT LEAST 100 CIGARETTES IN YOUR LIFE?,” Polk County residents responded:**



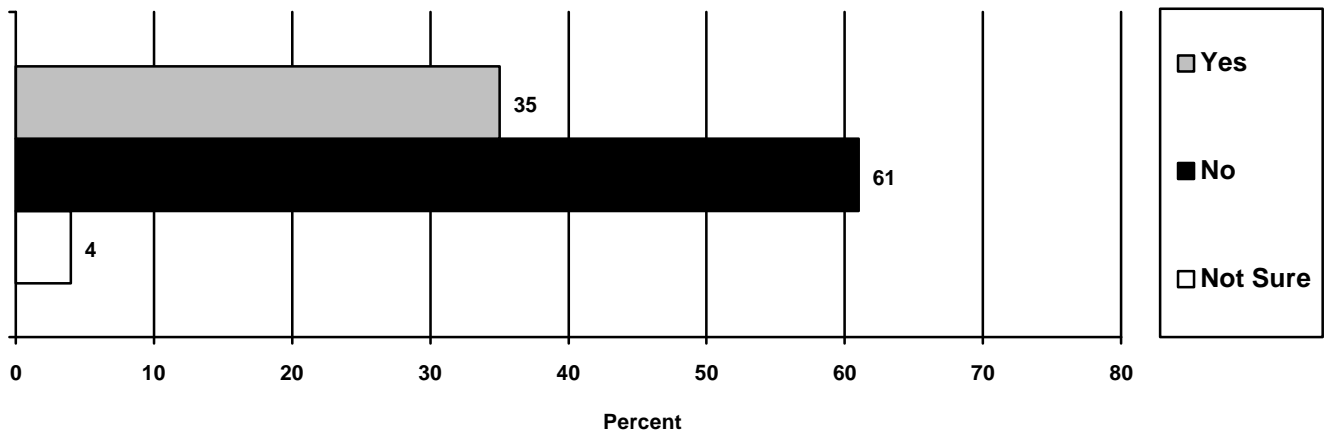
- **When Polk County residents who responded yes to the previous question were asked, “HOW OFTEN DO YOU NOW SMOKE CIGARETTES?,” they responded:**



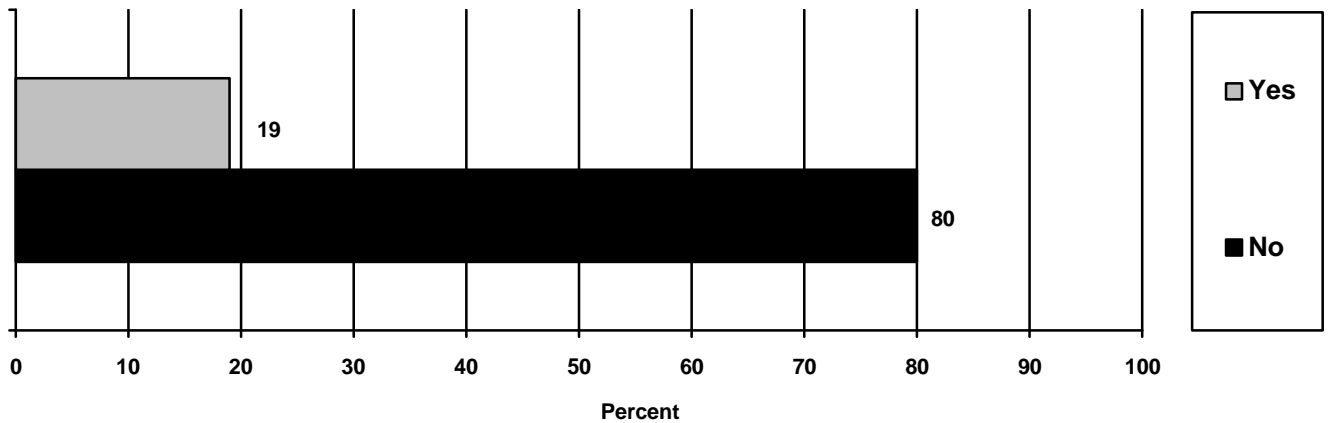
- When asked “DO YOU HAVE ANY KIND OF HEALTH CARE INSURANCE”, Polk county residents responded as follows:



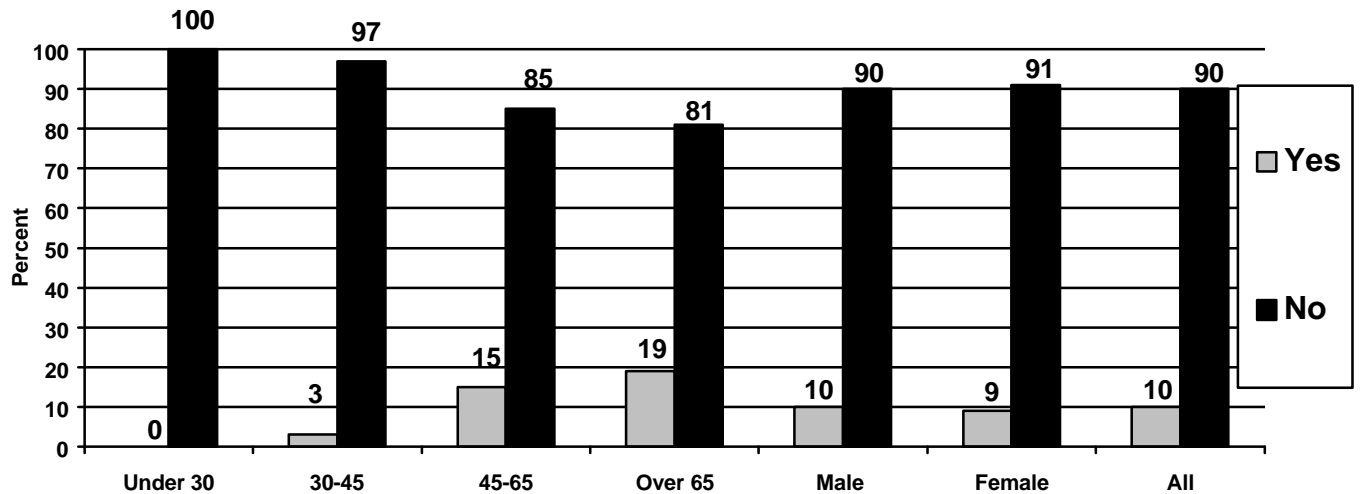
- **When respondents with insurance were asked “DO YOU FEEL THAT YOUR COVERAGE LIMITS THE CARE YOU RECEIVE”, they responded:**



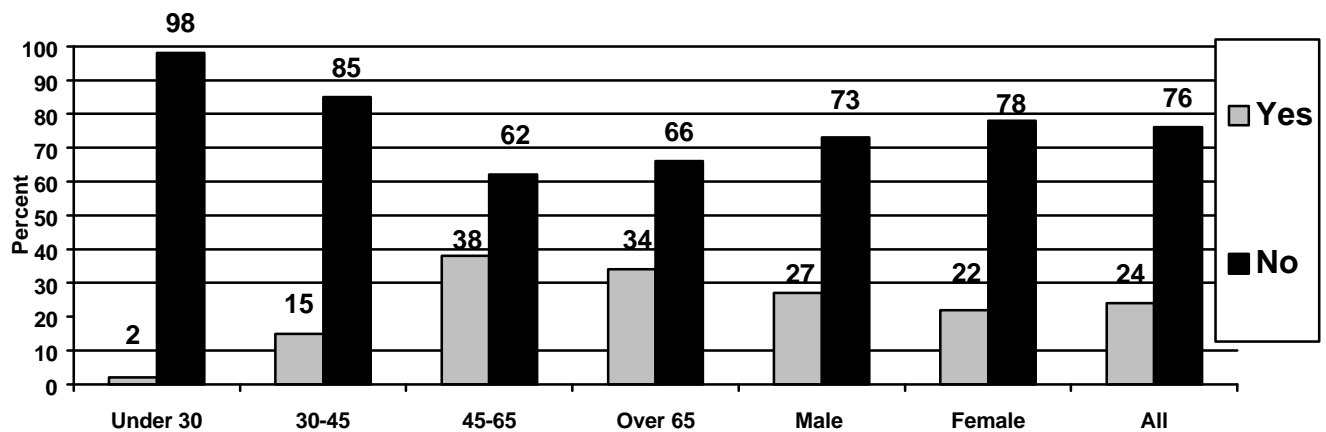
- When asked “HAVE YOU NEEDED TO SEE THE DOCTOR BUT COULD NOT DUE TO COST”, Polk County residents responded:



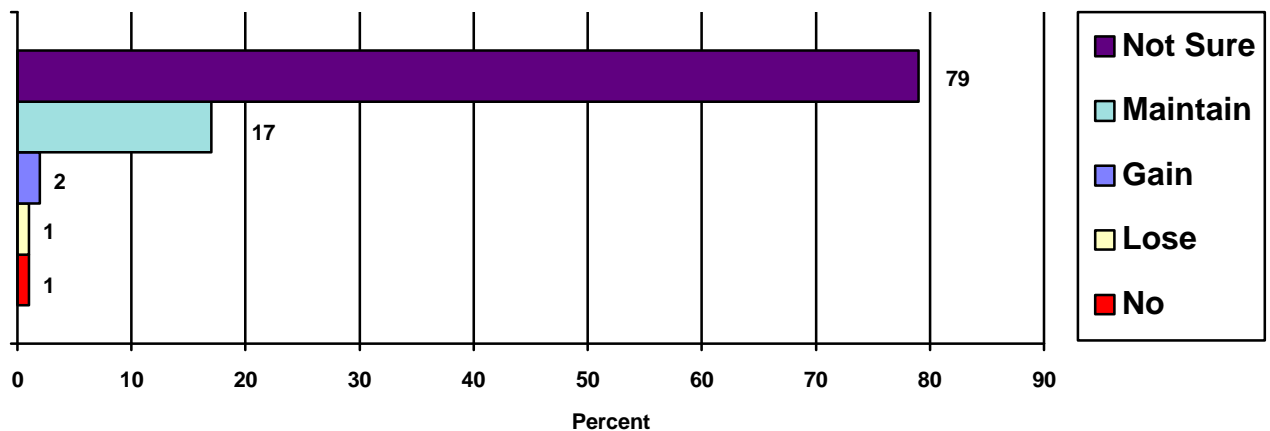
- When asked if they have ever had diabetes, Polk County residents responded:



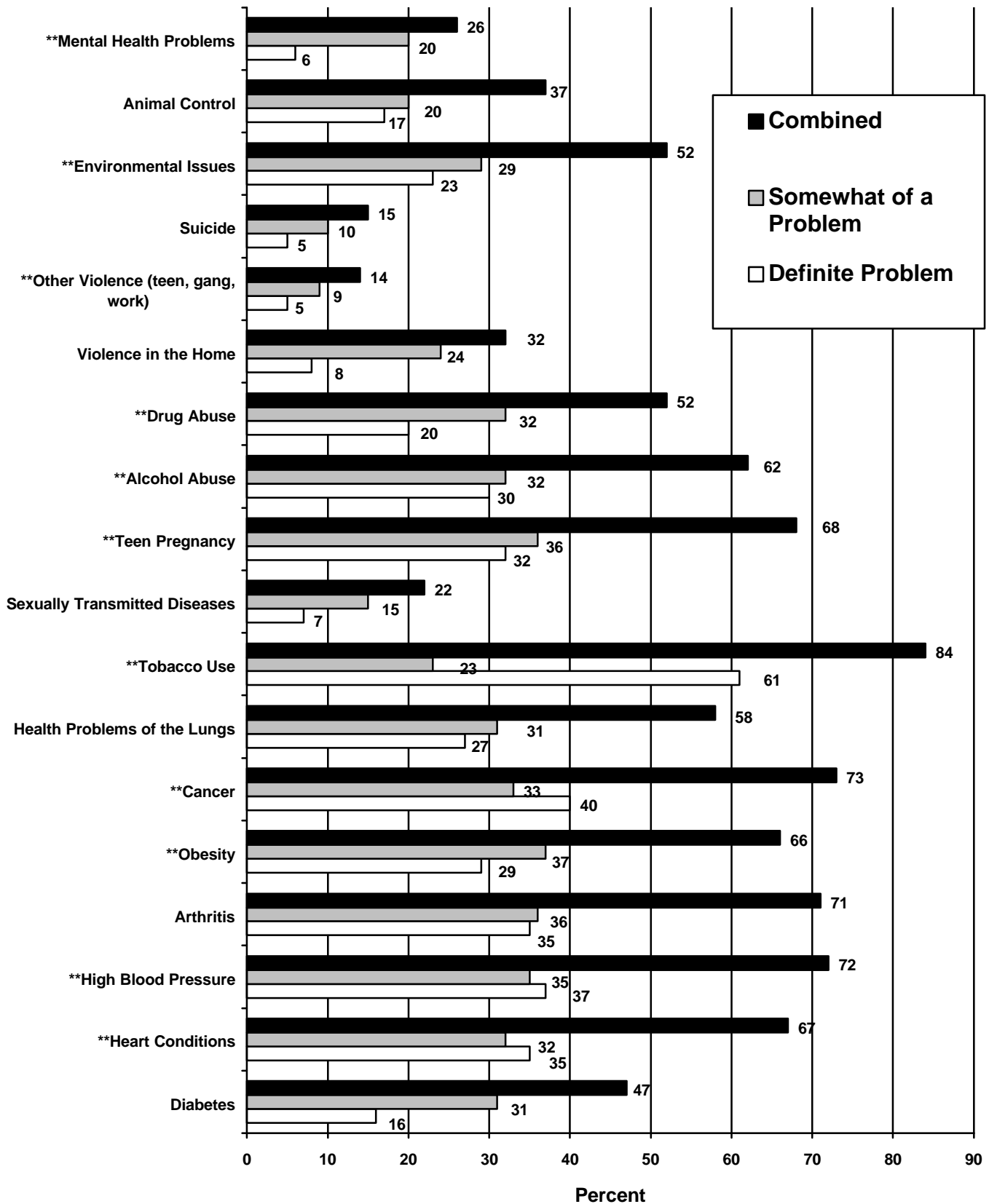
- **When asked if they have ever had high blood pressure, Polk County residents responded:**



- **When asked if they have ever been advised to lose weight, Polk County residents responded:**



- ****When asked whether they felt the following were community problems, responses were as follows:**



VII. IDENTIFICATION AND PRIORITIZATION

Upon completion of the data review, the PCHC carefully considered the problems that had been highlighted throughout the process which included the following:

Pregnancy and Birth Data

- Number of Births Per 1,000 Females (Ages 10-14) PAGE 6
- Number of Births Per 1,000 Females (Ages 15-17) PAGE 7
- Number of Pregnancies Per 1,000 Females (Ages 10-14) PAGE 7
- Number of Pregnancies Per 1,000 Females (Ages 15-17) PAGE 8
- Percent of Pregnancies Occurring to Unwed Women (Ages 30-34) PAGE 8
- Percentage of Live Births Classified As Low Birthweight All Mothers (Ages 10-44) PAGE-9
- Percent of Births Classified As Low Birthweight 1994-1996 (Mothers Ages 10-17) PAGE-9
- Percent of Births With Late or No Prenatal Care (Females Ages 10-44) PAGE 10
- Percent of Births With Selected Risk Factors (Mothers Ages 10-44) PAGE-10

Mortality Data

- Number of Postneonatal Deaths Per 1,000 Live Births PAGE 11
- Leading Cause of Death for 5-14 Year Olds With Mortality Rates Per One Hundred Thousand Population (Accidents and Adverse Effects) PAGE-12
- Leading Cause of Death for 15-24 Year Olds With Mortality Rates Per One Hundred Thousand Population (Accidents and Adverse Effects) PAGE-12
- Leading Cause of Death for 25-44 Year Olds With Mortality Rates Per One Hundred Thousand Population (Accidents and Adverse Effects) PAGE-13
- Leading Cause of Death for 45-64 Year Olds With Mortality Rates Per One Hundred Thousand Population (Cancer) PAGE-13
- Female Breast Cancer Mortality Rates Per One Hundred Thousand Women Ages 40 Plus PAGE 14
- Motor Vehicle Accidental Mortality Rate Per One Hundred Thousand Population PAGE-15

Morbidity Data

- The PCHC did not identify any of the morbidity data as a potential problem in the county.

Stakeholder Survey Data

- Health and Social Concerns PAGE 17
- Availability of Health Care Services in the Community PAGE 18
- When Asked About Health Care Coverage PAGE 18
- When Asked Are There Health Services You Need That Your Insurance Does Not Cover PAGE 18
- When Asked Which Health Services Not Covered By Your Insurance Do You Need PAGE 19

Behavioral Risk Factor Survey Data

- When Asked Whether They Felt the Following Were Community Problems PAGE-21 and 25
- When Asked Have You Smoked At Least 100 Cigarettes In Your Life PAGE 22
- When Asked How Often Do You Now Smoke Cigarettes PAGE 22
- When Asked Do You Feel Your Health Care Coverage Limits The Care You Receive PAGE 23
- Have You Ever Had High Blood Pressure? PAGE 24
- Have You Ever Been Advised To Lose Weight? PAGE 24

In order to make the list of issues more manageable the council combined related issues and eliminated some issues that effected only a small number of residents. The PCHC then prioritized the remaining recognized health problems. Using the following worksheet, each individual council member ranked each issue according to the size, seriousness, and effectiveness of intervention.

POLK COUNTY HEALTH PROBLEM PRIORITY WORKSHEET

Health Problem	A Size	B Seriousness	C Effectiveness of Intervention	D Priority Score (A+B+C=D)	**Final Rank
Teen Pregnancy					
Prenatal Issues					
Women's Issues					
Tobacco Use					
Alcohol and Drug Abuse					
Transportation to Health Care					
Access to Nursing Home Care					
Heart Conditions, Obesity, and Hypertension					
Cancer					
Mental Health					
Access to Dental Care					
Health Care Coverage Issues					
Access to Assisted Living					
Motor Vehicle and Accidental Deaths					

**The Final Rank will be determined by assessing the Priority Score column. The lowest total will be ranked #1 and the highest total will be ranked #14.

A sum total of all council members' scores determined the final order of priority to be as follows:

TOTALS

	<i>SCORE</i>	<i>RANK</i>
Heart Conditions, Obesity, and Hypertension	67	1
Tobacco Use	70	2
Teen Pregnancy	84	3
Alcohol and Drug Abuse	103	4
Health Care Coverage Issues	116	5
Cancer	120	6
Prenatal Issues	126	7
Mental Health	129	8
Women's Issues	130	9
Access to Dental Care	149	10
Motor Vehicle and Accidental Deaths	153	11
Transportation to Health Care	164	12
Access to Nursing Home Care	191	13
Access to Assisted Living	194	14

After all 14 recognized health issues had been prioritized, the council was left to decide how many issues they felt they could effectively address in full consideration of the following:

- Does it make economic sense to address the problem?
- Are there economic consequences if an intervention is not carried out?
- Will the community embrace an intervention for the problem? Is it wanted?
- Is funding currently available or potentially available for an intervention?
- Do current laws allow intervention activities to be implemented?

VIII. FINAL PRIORITIZED ISSUES

After reviewing the scores the council was asked which issues they would like to address. After combining several issues, the PCHC choose the following issues for strategic planning purposes:

1. **Transportation to Health Care, Access to Nursing Home Care, and Access to Assisted Living Services**
2. **Heart Conditions, Obesity, and Hypertension**
3. **Substance Abuse**
4. **Prenatal and Women's Issues**

IX. CLOSING

This Community Diagnosis Health Status Report has provided a description of the assessment portion of the Community Diagnosis Process. The strategic planning portion will entail the formalizing of strategic interventions to deal with the aforementioned priorities. Soliciting input from additional residents and experts in the community, the PCHC will develop intervention strategies. Strategic planning will require consideration of the entire sequence of interacting factors that contribute to the problem, identifying contributing health links, identifying both public and private resources to address the problem and identifying barriers to reducing the problem. Upon completion of the strategic planning process, the PCHC will publish Volume II: The Community Diagnosis Strategic Planning Document, detailing all goals, objectives and specific interventions. The final edition, Volume III: The Community Diagnosis Evaluation Document will monitor the implementation and evaluate each intervention.

The Tennessee Department of Health Southeast Regional Assessment and Planning staff would like to thank the Polk County Health Council for their continued support and dedication throughout the Community Diagnosis Process. Their tireless efforts have and will continue to positively affect the health of Polk County.

If you would like more information about the health council or would like to join the council in their efforts to positively effect the above issues, please call (423) 634-3124 and ask to speak with someone from Assessment and Planning.

This report is also available on the world wide web thanks to a joint effort of the Tennessee Department of Health and the University of Tennessee at *server.to/hit* under the reports heading.